



KAS-189

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

A. SHIMASE et al

Serial No. 10/634,775 Group Art Unit: 2863

Filed: August 6, 2003 Examiner: M. NGHIEM

For: SAMPLE DISPENSING APPARATUS AND
AUTOMATIC ANALYZER USING THE SAME

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 16, 2005

Sir:

In Reply to the Office Action mailed February 16, 2005,
please amend the above application as set forth below.

05/18/2005 HALI11 0000008 10634775
01 FC:1201 800.00 DP



PATENT

Case Docket No. KAS-189

In RE application of A. SHINWASE et al

Serial No.: 10/634,775

Group Art Unit: 2863

Filed: August 6, 2003

Examiner: M. NGHIEM

For: SAMPLE DISPENSING APPARATUS AND
AUTOMATIC ANALYZER USING THE SAMEAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total	• 19	Minus • 23	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims			

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 200	\$ 800
+ 280	\$ 0
Total	\$ 800

- If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 - If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 - If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- A check in the amount of \$ 800.00 is attached in payment of:
CREDIT CARD FORM FOR 4 ADDITIONAL INDEP CLAIMS.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.
- Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:


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Date: May 16, 2005